

# CITY OF WARWICK UTILITY BILLING

## Closing Request form for Water and Sewer

This form supersedes any other previous forms. (Effective 7/2015)

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Property Location: \_\_\_\_\_ Plat/Lot/Unit \_\_\_\_\_  
Seller's Name \_\_\_\_\_  
Buyer's Name \_\_\_\_\_  
Buyer's Billing Address \_\_\_\_\_  
Date of Request: \_\_\_\_\_ Attorney/Realtor \_\_\_\_\_  
Date of Closing: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Domestic Meter Reading: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Deduct Meter Reading : \_\_\_\_\_

### \*\*FOR OFFICE USE ONLY\*\*

Previous Meter Reading: \_\_\_\_\_ Account No. \_\_\_\_\_  
Total Cubic Feet: \_\_\_\_\_

#### Water Usage

#### Sewer Usage

W  
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|                         |       |                  |
|-------------------------|-------|------------------|
| Usage Charge:           | _____ | _____            |
| Service Charge:         | _____ | _____            |
| Amount Unbilled:        | _____ | _____            |
| Past Due Balance:       | _____ | _____            |
| <b>Total Water Due:</b> | _____ | [ ] Sewer Credit |

**Sewer Usage Due:** \_\_\_\_\_

Sewer Assessment Account No. \_\_\_\_\_

S  
E  
W  
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R

Due at Closing from seller.

Annual Payment

Please pro-rate on the annual payment for calendar year and move a credit to seller / buyer.

The balance on the sewer assessment is transferable to the buyer.

### INSTRUCTIONS

**THIS REQUEST MUST BE SUBMITTED FIVE (5) DAYS PRIOR TO CLOSING.**

Fill out top portion only. **Fax to (401) 732-0616.** For questions, please call the Water Division at 738-2000 Ext. 6607, or the Sewer Authority at 401-468-4710 .

**Separate checks** for usage and assessment. Please include account number on check, payable to Warwick Tax Collector. Mail payments to: PO Box 2000, Warwick, RI 02887